

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Tarleton State University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 201 St. Felix Stephenville, TX 76402

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Leah Schultz

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Leah Schultz, Tarleton State University Box T-0880 Stephenville TX 76402

Telephone Number of Designated Agent: (254)968-9713

Facsimile Number of Designated Agent: (254)968-9467

Email Address of Designated Agent: lschult@tarleton.edu

Sign: bfc **Representative of the Designating Service Provider:** _____
Date: 4/10/03

Typed or Printed Name and Title: DENNIS P. McCABE
PRESIDENT, CEO

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

JUN 09 2003

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